

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2379

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

Encl # 2

DPD-1226-39

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$129	35
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Total		\$129	35
Shipped from _____ to _____		Weight _____	Government B/L No. _____				
I certify that the above bill is correct and just and that payment has not been received. (Sign original only)				(Payee must NOT use this space)			
				Differences _____			
				Amount verified; correct for _____ (Signature or initials) EL		\$129.35	
Contract No. H-701		Date _____	Req. No. _____	Date _____	Invoice Rec'd.		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____ (Authorized Certifying Officer)

By _____ Title _____
SIGN ORIGINAL ONLY

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

STATOTHR